



ATTACHMENT G
 MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 DIVISION OF SENIOR AND DISABILITY SERVICES
MONEY FOLLOWS THE PERSON DEMONSTRATION SERVICES FUNDS REQUEST

VENDOR NAME			
PARTICIPANT'S NAME AND COMMUNITY ADDRESS		DCN	
AMOUNT REQUESTED		TRANSITION DATE	
Indicate the items needed by the participant and anticipated cost of each item.			
ITEM	COST	ITEM	COST
Rent Deposit		Household Items:	
Utility Deposits		• Dishes	<input type="checkbox"/>
Cleaning Supplies:		• Utensils	<input type="checkbox"/>
• Dish Soap	<input type="checkbox"/>	• Pots/Pans	<input type="checkbox"/>
• Mop/Bucket	<input type="checkbox"/>	• Cups/glasses	<input type="checkbox"/>
• Dish Cloths/towels	<input type="checkbox"/>	• Measuring cups/spoons	<input type="checkbox"/>
• Laundry Detergent	<input type="checkbox"/>	• Mixing/serving bowl	<input type="checkbox"/>
• Broom/dust pan	<input type="checkbox"/>	• Leftover storage containers	<input type="checkbox"/>
• All-purpose cleaner	<input type="checkbox"/>	• Can Opener	<input type="checkbox"/>
• Other:	<input type="checkbox"/>	• Trash can	<input type="checkbox"/>
Toiletries:		• Garbage bags	<input type="checkbox"/>
• Razor	<input type="checkbox"/>	• Towels	<input type="checkbox"/>
• Soap	<input type="checkbox"/>	• Sheets	<input type="checkbox"/>
• Shampoo	<input type="checkbox"/>	• Blanket	<input type="checkbox"/>
• Toothpaste/denture cleaner	<input type="checkbox"/>	• Pillow	<input type="checkbox"/>
• Deodorant	<input type="checkbox"/>	• Toilet paper	<input type="checkbox"/>
Furniture:		• Clock	<input type="checkbox"/>
• Bed	<input type="checkbox"/>	• Other:	<input type="checkbox"/>
• Kitchen table	<input type="checkbox"/>	Groceries*	
• Chair	<input type="checkbox"/>	Miscellaneous Items (explain below)	
• Sofa	<input type="checkbox"/>		
• Other:	<input type="checkbox"/>		
NAME OF THE PERSON REQUESTING THE FUNDS			DATE

*Note: Food pantries, churches, and other sources of obtaining food should be considered before requesting funding for groceries. This category is limited to basic food needs and is a **one-time only** expense.

Please submit this form via fax to the Bureau of Home and Community Services at 573/522-4888. Program staff will notify you at time of approval, adjustment, or denial of requested funds.